Kentucky Board of Pharmacy

23 Millcreek Park Frankfort, Kentucky 40601-9230 (502) 573-1580

Application for Pharmacist Examination

This application and fee must be in the Board Office by the deadline date. Answer all questions in full and use typewriter. (Kentucky Board of Pharmacy fees must be made payable to Kentucky State Treasurer in the form of a money order or certified check.)

Applicant must be not less than eighteen years of age, of good moral character and temperament habits, a graduate of an accredited College of Pharmacy and shall file proof of the required Internship under the immediate supervision of a Pharmacist.

The privileges under all certificates as a Pharmacist issued by the Kentucky Board of Pharmacy expire on the twenty-eighth day of February following the date of issuance and must be renewed annually.

-- DO NOT WRITE BETWEEN DOUBLE LINES -
NUMBER AND DATE OF CERTIFICATE

Date	NAPLEX	Jurisprudence	Operative Pharmacy

I hereby make application for examination by the Kentucky Board of Pharmacy for license as a Pharmacist in Kentucky subject to the provisions of the statues and rules and regulations of the Board, and being duly sworn submit the following:

1.	Name
2.	Address street and number
3	city state zip code
	Telephone Number () (Where you can be reached prior to examination)
	(Where you can be reached prior to examination)
5.	Place of Birth
6.	Date of Birth
	Social Security No
8.	Are you a citizen of the United States?
	(If naturalized, submit papers)
9.	I was a graduate of High School of on the day of , 20

Photographs:

A total of three {3} recent head and shoulders *Passport Photographs* must be attached.

(No proof copies, plastic ID, or digital computer images are acceptable)

10.	Name and Location of College Attended		Period of Attendance (show dates)		
11.	Internship:				
	I have had hours of approved Interns	ship under the superv	ision of a Pharmacist:		
	NAME AND ADDRESS OF PHARMACY	FROM	то	PHARMACIST PRECEPTOR	
	Intern Certificate/Registration Number			State	
serv affic the Inte by t	Board shall not allow credit for Internship unlessed all or part of their time in a Pharmacy outsid davit(s) of employment is made by the Preceptor Pharmacy Board of that state. In such cases, rnship Affidavits are available from the Board Ohe Kentucky Board, additional affidavits are not Have any charges involving moral turpitude or very series.	de the Commonwealt showing the exact tin the requirements m office and will be sent necessary.	h of Kentucky shall be me and dates served, an ust be comparable and upon request. If all In	e given credit for the internship, when ad when the internship is attested to by d acceptable to the Kentucky Board atternship has been previously accepted	
	If yes, give details:				
13.	Have you ever failed or been refused an examinating the second of the se	ation by any State Bo			
14.	Have you ever been refused licensure by any Sta If yes, give details:	nte Board of Pharmac	y?		
15.	Have you ever had a Certification of Registre Pharmacy? If yes, give details:				
16.	Have you ever been convicted of a misdemeanor If yes, give details:	r?	A felon	ny?	
	(If addition	al space is needed for details, ple	ase attach separate sheet)		

I certify that the statements contained in this application are true, complete, and correct, and I agree that the statements shall form the basis of my application and I do authorize the Kentucky Board of Pharmacy to make any investigations that they deem appropriate and to secure any additional information concerning me, and I further authorize them to furnish any information they may now or in the future have concerning me to any person, corporation, institution, association, Board or any municipal, county, state, or federal governmental agencies or units, and that I understand according to the Kentucky Revised Statutes a Pharmacist's License may be revoked or suspended for presenting any false, fraudulent, or forged statement, certificate, diploma, or other thing, in connection with an application for a license or permit.

Signature in Full				
I hereby certify that the above application was signed, subscri	ed and sworn to before me this	day of		
(Seal)	Signature			
My commission expires	State of			
This certificate of moral character must be signed by a per	on of good standing in the community in which the applic	eant resides.		
I,do say that the applicant herein named, has been personall	of			
applicant throughout that period has been sufficiently intima applicant's moral character and habits, that the applicant is a applicant unfit to practice Pharmacy, that the applicant is character and habits are concerned, as worthy to be licensed to	ot addicted to the use of alcoholic liquors or drugs so good moral character and that I recommend the appractice Pharmacy in Kentucky.	as to render the		
(Date)	(Signature)			
	(Occupation)			
[To be executed by the Dean of the College of I This is to certify that	F COLLEGE GRADUATION harmacy where the applicant attended Pharmacy School			
was in regular attendance at				
From From From From From (Please show exact dates – month, day, and year)	To			
and that a certificate of graduation with the degree ofwas conferred on	·			
	(Signature)			
(SEAL)	(Title)			
	(Date)			

The Kentucky Board of Pharmacy does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services and provides, upon request, reasonable accommodation, including auxiliary aids and services, necessary to afford individuals with disabilities an equal opportunity to participate in all programs and activities. Contact the Board for assistance.